

**CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE APPLICATION**

CITY CLERKS DEPARTMENT
201 W. VIRGINIA AVENUE
P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
gail@cityofgunnison-co.gov (Email)

Date Application Received by Clerk: ____/____/____
Application Fee Paid: ____/____/____ (see attached fee schedule)
License Fee Paid: ____/____/____
Application Received By: _____

TYPE OF LICENSE: (please choose ONE)

- ☐ Medical Marijuana Center
 - ☐ Retail Marijuana Store
 - ☐ Cultivation Facility: Medical Optional Premises _____ Retail _____
(check one above)
 - ☐ Marijuana Product Manufacturing Facility
 - ☐ License Renewal
 - ☐ Modification of Premises
 - ☐ Transfer License Ownership
 - ☐ Transfer of License Location
 - ☐ Other (please specify) _____
-

BUSINESS PREMISES INFORMATION

Legal Business Name: _____
Trade Name of Business (dba): _____
FEIN: _____ City Sales Tax # _____
State Sales Tax # _____
Physical Address of Business: _____
Mailing Address of Business: _____
Business Telephone Number: _____
Business Email: _____
Property Owner Name: _____
Property Owner Address and Phone Number: _____
Building Owner Name: _____
Building Owner Address and Phone Number: _____

If the applicant is not the owner of the land or building where the facility is to be located, the applicant shall submit a lease and a notarized "Property Owner Consent Form" granting consent from the property and/or building owner for the City to initiate the review process).

APPLICANT INFORMATION

APPLICANT is applying as a: (please choose ONE):

- ☐ Corporation
- ☐ Limited Liability Company (LLC)
- ☐ Partnership (includes Husband/Wife Partnerships)
- ☐ Individual (Sole Proprietor)
- ☐ Other (Specify)

APPLICANT NAME: _____

Individual or Sole Proprietorship:

Applicant Full Legal Name: _____ Social Security Number _____ DOB: ____/____/____

Applicant's Physical Address: _____

Applicant's Mailing Address: _____

Applicant's Home and Cell Phone Numbers: _____

Applicant's Current Email Address: _____

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership/Association currently hold with the State of Colorado?

- | | |
|--|------------------|
| <input type="checkbox"/> Medical Marijuana Center | License #: _____ |
| <input type="checkbox"/> Retail Marijuana Store | License #: _____ |
| <input type="checkbox"/> Marijuana Product Manufacturing | License #: _____ |
| <input type="checkbox"/> Marijuana Testing | License #: _____ |
| <input type="checkbox"/> Cultivation Center | License #: _____ |
| <input type="checkbox"/> Other | License #: _____ |
| <input type="checkbox"/> None | |

What Marijuana License(s) does the Applicant hold with the City of Gunnison?

- | | |
|--------------------------------------|------------------|
| <input type="checkbox"/> Type: _____ | License #: _____ |
| <input type="checkbox"/> None | |

REQUIRED ATTACHMENTS

Attach results of local background check by City of Gunnison Police Department.

Attach approved Site Development Application and/or Conditional Use Permit.

Attach Completed State of Colorado License Application to this form.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Marijuana Code which affect my license.

Authorized Signature: _____

Printed Name and Title: _____

Date: _____

CITY OF GUNNISON DEPARTMENTAL APPROVALS

Each Department Must Review, Approve, Sign, Check-Off, and Date for Application Approval to be forwarded to City Council for approval.

☐ CITY CLERK'S DEPARTMENT

- Includes payment of application and licensing fees; submission of complete application forms and any other forms as required.

Date approved: _____ By: _____

☐ COMMUNITY DEVELOPMENT DEPARTMENT

- Compliance with Mechanical, Fire and Technical Codes of the Gunnison Municipal Code
- Compliance with Land Use Requirements as defined in the Gunnison Land Development Code.

Date approved: _____ By: _____

☐ FINANCE DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

Date approved: _____ By: _____

☐ POLICE DEPARTMENT

- Successful completion of local background checks and investigations

• Date approved: _____ By: _____

☐ PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

• Date approved: _____ By: _____

Date Application Accepted by City Council: ____/____/____

Date of Public Hearing: ____/____/____

APPLICATION APPROVED: ____/____/____

APPLICATION DENIED: ____/____/____

CITY OF GUNNISON, COLORADO
MARIJUANA FACILITY LICENSE – PROPERTY OWNER CNSENT

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BUSINESS NAME: _____

APPLICANT NAME: _____

STREET ADDRESS OF PROPOSED LICENSED PREMISES:

LEGAL DESCRIPTION: _____

OWNER'S CONSENT TO SUBMISSION OF APPLICATION
FOR MARIJUANA FACILITY ON OWNED PREMISES

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply):

- ☐ Medical Marijuana Center
- ☐ Retail Marijuana Store
- ☐ Cultivation Facility: Medical _____ Retail _____ (check one)
- ☐ Marijuana Product Manufacturing Facility
- ☐ Marijuana Testing Facility

_____ Property Owner (Printed Name)

_____ Property Owner (Signature)

_____ Date

STATE OF COLORADO)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____.

WITNESS my hand and official seal.
My commission expires _____.

Notary Public

**CITY OF GUNNISON
MARIJUANA FACILITIES FEES SCHEDULE**

City Marijuana License Fee for all facilities:	\$ 2,000.00
City Application Fees:	
Medical Marijuana Center	\$ 2,500.00
Retail Marijuana Store	\$ 2,500.00
Cultivation Facility: Medical Optional Premises	\$ 3,000.00
Cultivation Facility: Retail Cultivation	\$ 3,000.00
Marijuana Product Manufacturing-medical or retail	\$ 3,000.00
Marijuana Testing Facility	\$ 3,000.00
Other Fees:	
Annual License Renewal all classes	\$ 2,000.00
Premises Modification Fee	\$ 1,000.00
Transfer of Location of License Fees for:	
Medical Marijuana Center	\$ 2,500.00
Retail Marijuana Store	\$ 2,500.00
Cultivation Facility – Medical	\$ 3,000.00
Cultivation Facility - Retail	\$ 3,000.00
Marijuana Product Manufacturing-medical or retail	\$ 3,000.00
Marijuana Testing Facility	\$ 3,000.00
Transfer of Ownership of License	\$ 2,000.00

Fees set per City of Gunnison Resolution No. ____, Series 2015.

June ____, 2015.

(Fees subject to change by City Council Resolution)